

Form W-19

TO BE SENT TO:

Grain Warehouse Bureau
Iowa Department of Agriculture
Des Moines, IA 50319**IOWA WAREHOUSE OPERATOR
FIRE AND/OR WINDSTORM
CERTIFICATE OF INSURANCE**

Iowa Warehouse

LICENSE NO. W-_____

THIS IS TO CERTIFY THAT _____

(Name of Insurance Company)

(Hereinafter called Company) of _____

(Home office address of Company)

has issued to _____

(Name of Insured)

Policy No. _____ effective from _____ to _____

Does this policy replace any policy or binder now on file? _____

If so, show number of replaced policy or binder and name of Insurance Company.

(Number)

(Name of Insurance Company)

The policy of insurance herein described which provided coverage on products in the warehouse designated herein has attached thereto an endorsement, Form W-20, which amends the policy to fully comply with all provisions contained in Iowa Code Section 203C.15 (1997).

Location of Whse.	Kind of Insurance (Fire, Windstorm, ie)	Total limits of Liability of all Contributing Co.'s	Limits of Liability Provided by above numbered policy

Whenever requested by the Department of Agriculture and Land Stewardship, the Company agrees to furnish to the Department a duplicate original of said policy and all endorsements thereon.

Dated this _____ day of _____, _____ at _____

009-0627 (4/97)

Authorized Company Representative